

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	1	1	1	1	1		1	51		
2	1	1	1	1	1	1	52				
3	1	1	1	1	1	1	53				
4	1	1	1	1	1	1	54				
5	1	1	1	1	1	1	55				
6	1	1	1	1	1	1	56				
7	1	1	1	1	1	1	57				
8	1	1	1	1	1	1	58				
9	1	1	1	1	1	1	59				
10	1	1	1	1	1	1	60				
11	1	1	1	1	1	1	61				
12	1	1	1	1	1	1	62				
13	1	1	1	1	1	1	63				
14	1	1	1	1	1	1	64				
15	1	1	1	1	1	1	65				
16	1	1	1	1	1	1	66				
17	1	1	1	1	1	1	67				
18	1	1	1	1	1	1	68				
19	1	1	1	1	1	1	69				
20	1	1	1	1	1	1	70				
21	1	1	1	1	1	1	71				
22	1	1	1	1	1	1	72				
23	1	1	1	1	1	1	73				
24	1	1	1	1	1	1	74				
25	1	1	1	1	1	1	75				
26	1	1	1	1	1	1	76				
27	1	1	1	1	1	1	77				
28	1	1	1	1	1	1	78				
29	1	1	1	1	1	1	79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	44						TOTAL IND.				
TOTAL DEP.	43	36					TOTAL DEP.				
TOTAL CLAIMS	44	36					TOTAL CLAIMS				

40

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS